

COVID-19 Vaccine Consent Form

Name:	Date						Date of Birth: _	te of Birth:			
Address:				City:				State:	Zip:		
Home Numbe	Home Number: Cell Number:										
Gender: Female Male Medical Provider:											
Screening											
Are you feeling sick today?							☐ Yes	□ No	☐ Don't Know		
Have you received a COVID-19 vaccine previously?								☐ Yes	□ No	☐ Don't Know	
If yes: Date 1 st Dose:Date 2 nd Dose:											
If yes: Which vaccine?											
Have you tested positive for COVID-19?								☐ Yes	□ No	☐ Don't Know	
If yes: Date:											
Have you ever had a severe allergic reaction (anaphylaxis) that required treatment with epinephrine or EpiPen or required hospitalization?								☐ Yes	□ No	☐ Don't Know	
Was this severe allergic reaction after receiving a COVID-19 vaccine?							☐ Yes	□ No	☐ Don't Know		
Was this severe allergic reaction after receiving another vaccine or injectable medication?								☐ Yes	□ No	☐ Don't Know	
Have you received antibody therapy (such as convalescent plasma) as treatment for COVID-19?								☐ Yes	□ No	☐ Don't Know	
								☐ Yes	□ No	☐ Don't Know	
Have you received another vaccine in the last 14 days?								+			
Do you have a weakened immune system (such as HIV or cancer) or do you take immuno- suppressive drugs or therapies?							☐ Yes	□ No	☐ Don't Know		
Do you have a bleeding disorder or are you taking a blood thinner?							☐ Yes	□No	☐ Don't Know		
Are you pregnant or breastfeeding?								☐ Yes	□No	☐ Don't Know	
By signing the consent, I acknowledge that I understand the following: The EDA has authorized the emergency use of the Johnson & Johnson COVID 19 Vascing that may provent COVID 19. This											
• The FDA has authorized the emergency use of the Johnson & Johnson COVID-19 Vaccine that may prevent COVID-19. This vaccine is not FDA-approved. There is no FDA-approved vaccine to prevent COVID-19. The FDA has authorized the											
emergency use of this vaccine for individuals age 18 and older.											
	V-safe is a smart-phone based tool that uses text messaging and web surveys to check in with people who have been										
vaccinated to identify potential side effects after receiving the vaccine. I understand that participation with V-safe is											
voluntary and that I must enroll myself.											
Vaccination Release											
I have read or have had explained to me the information on the Emergency Use Authorization (EUA) Fact Sheet or Vaccine											
Information Statement (VIS). I have had a chance to ask questions that were answered to my satisfaction. I consent to the vaccine											
be given to me	or to the pe	erson for whom	I am auth	orized to make	this r	eques	t.				
Printed name: Signature:								Date	e:		

Date: Dose given	Manufacturer	Lot #	Exp Date	VIS/EUA Date	Site		Adm By			IRIS date/initial	
	Johnson	043A21A	6-21-21	2-27-21	R	L					
	& Johnson				Del	toid					